

<div>CERTIFICATE OF MAILING</div> <div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</div> <div>Signature: _____</div> <div>Name: _____</div>	In re Application of: Huwig et al.	
	Application Number: 10/658,953	Filed: September 10, 2003
	For: ACID-CONTAINING DESENSITIZATION AGENTS FOR TEETH	
	Group Art Unit: 1618	Examiner: Blessing M. Fubara

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) - (\$65/\$130)
 

\$ \_\_\_\_\_

☐ Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)
 

\$ \_\_\_\_\_

☒ Second and Third month (37 CFR 1.17(a)(3)) - (\$555/\$1110) (\$980 – three month extension of time fee minus \$130 paid for one-month extension of time)
 

\$ 980

☐ Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)
 

\$ \_\_\_\_\_

☐ Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)
 

\$ \_\_\_\_\_

☐ Applicant claims small entity status.
 ☐ A check to cover the fee is enclosed.
 ☐ Payment by credit card. Form PTO-2038 is attached.
 ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
 ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 ☒ attorney or agent of record.
 ☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

\_\_\_\_\_  
 /Joseph M. Noto/  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Joseph M. Noto  
 Typed or printed name

\_\_\_\_\_  
 (585) 263-1601  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.